



**USICH, ACF, HUD**  
**Webinar: Early Childhood Self-Assessment Tool for Shelters**  
**May 21, 2015**

**Participant Questions and Presenter Responses**

**1. How can I get fully trained on the assessment tool to train my team members in our domestic violence shelter?**

We recognize the importance of increasing a focus on the early years to ensure the wellbeing of children throughout their lives and to lift the productivity of our country. The drive for change is based on clear evidence that the early years of a child's life are very important for their present and future health, development and wellbeing.

It is important for professionals in any field to have a way of regularly assessing their practice, recognizing their strengths and identifying areas that can be improved. The Early Childhood Self-Assessment Tool for Family Shelters is a tool to help shelters develop a quality improvement plan. Please see page 5 of the Tool – **"How to use this tool."** The Tool also provides an Action Plan Template that can be used. You may want to work with your TA provider.

**A few key items to think about:**

- Begin by determining who will lead and facilitate the self-assessment process. A committed leader is one of the most important factors for a successful self-assessment process.
- Determine who will be involved in the self-assessment process. Will it be a partnership with an early learning provider?
- Determine when to conduct the self-assessment. The self-assessment process can be conducted in a few days or over the course of a whole year. You can focus on one element a month throughout a program year, or choose specific elements to focus on with particular groups of stakeholders.
- Create an Action Plan. After completing a self-assessment using the Early Childhood Self-Assessment Tool, it is time to develop an action plan based on your team's findings.
- Implement the Action Plan!

**2. Has the Head Start shelter partnership started in New York City?**

No, there is not yet a participant who has committed to a Head Start Shelter Partnership. If you are interested in doing so, you could be the first in NYC!

**3. What are the services available to youth ages 6 to 17 that are preventing homelessness?**

Our partners at HHS are working to provide us with some more comprehensive information on prevention-related services for this age group and we will update this information shortly. However, it is worth noting that homelessness services through the Emergency Solutions Grant (ESG) and Continuum of Care (CoC) programs are available to youth ages 6-17 (and their families) who meet the definition of homelessness (see: <https://www.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf>). While there are no Hearth Act programs that specifically target youth ages 6-17, recipients of CoC and ESG funds are encouraged to work with other agencies to help end family homelessness. Here is another helpful

resource: <https://www.hudexchange.info/resource/3079/housing-education-collaborations-homeless-children-youth-families>.

**4. How about prenatal families?**

Early Head Start (EHS) programs are in a unique position to support pregnant women through a combination of systems and services as required by the Head Start Program Performance Standards. Services to pregnant women begin with planning. Early Head Start programs use their community assessment tools to gain an understanding of the needs of the population they are serving, as well as to identify available community resources. See additional information [here](#).

The [Early Childhood Self-Assessment Tool for Family Shelters](#) is specifically designed to guide family shelter staff as they create a safe and developmentally appropriate environment for infants, toddlers, and preschoolers. Each section – health and safety, wellness and development, workforce standards and training, programming and food and nutrition have relevance for working with prenatal families.

**5. Have you also partnered with early intervention programs in your state to provide screening/evaluations for children with possible developmental delays or disabilities and, if eligible, services?**

We do partner with Part C/Early Intervention, here in CT known as the CT Birth to Three System. We have coordinated with them for many years. We continue to find children with clear disabilities and shelters that do not know how to find or engage Part C assistance. We find that staff typically are not familiar with the early childhood system so are do not know how to access services unless we reach out....which we try to do continually since staff change. Unfortunately we have very limiting criteria for early intervention services in our state and do not yet have a system for screening in shelters, be it developmental, behavioral, vision, hearing, etc. We continue to work toward this goal. Part C supports are critical for this population. Pennsylvania has a great model for providing developmental services through Part C for this population.

**6. How have you been able to overcome Head Start policies that require all providers to operate at 100% and maintain your waitlist?**

We have never found this to be a barrier to services. Of course the challenge is often with Early Head Start and services for infants and toddlers and their families. Several of our grantees have vacancies though many are full. We work with the 30 day window for filling vacancies. We find that when children are ready for immediate enrollment because enrollment procedures have been completed, they can fill vacancies within the allowable time. We work with the priority required by the Head Start Act for children experiencing homelessness and point systems address this priority with additional points for children meeting the McKinney-Vento homeless definition. We work with partners in the community ready to enroll this population to make sure we have adequate capacity and advocate to our Early Childhood Councils to make visible any unmet needs so that community plans can reflect the needs of children and families experiencing homelessness. We work across program catchment areas to plan for enrollment in other Head Start programs or other communities when needed as well. Our grantees have not reported this as a huge challenge.

**7. How do you keep outlet covers in the outlets? Do residents take them out and lose them while charging phones?**

We just keep working on it! The focus has been to share Head Start suppliers with shelters so that quantities can be obtained at reasonable cost and that better models can be recommended. Head Start knows about this! We are working on a shelter safety checklists as well.

**8. Is the home visitor part of the home-based Head Start program or is it funded differently? If Home-Based program, how do you maintain the required number of enrolled kids in the program and designated geographic area?**

Head Start does limited home visits but there is outreach for enrollment and for providing family services. Also, about half of our Early Head Start capacity is for the Home-based/home visiting option. Home visits are done at the shelter since that is the home setting. We do work across catchment areas by partnering with other Head Start programs when families relocate. We do find partners who are ready to work with this population when Head Start capacity is not available. Head Start programs address transition so that any move between programs and settings can be accomplished in a way that is comfortable for young children and families and staff.

**9. How did you ensure that you could do the extra work/assessments with the staff shortage?**

A portion of the stipend has been used for additional family service hours but this had been *very minimal*. This has been incorporated into the roles of ERSEA and family service staff. The partnership has been a welcome addition to daily work/caseloads of existing staff, as the partnership only enhances the approach to working with children and families.